

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

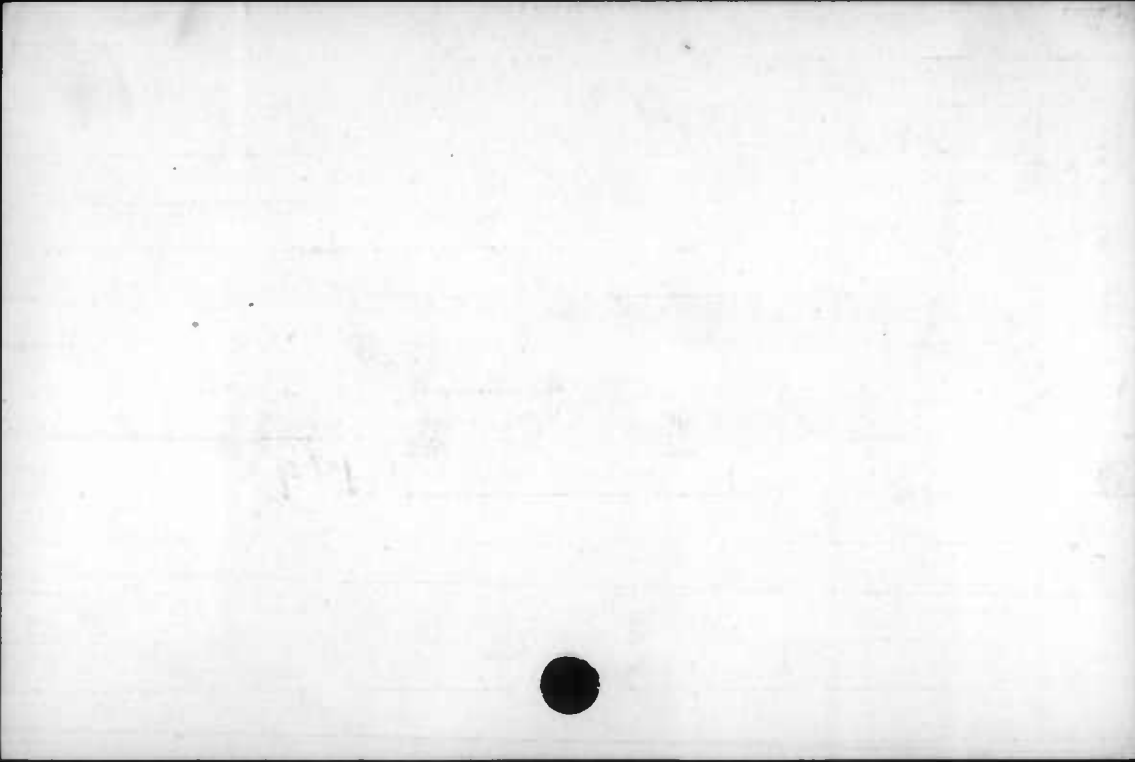
Died at <i>Waltham</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1908	Month	10	Day	4
Age		Years		Months	4
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>NY</i>	
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>Wm E. Abell</i>		Father's Birthplace <i>Del</i>			
Mother's Maiden Name <i>Cassie C. Lane</i>		Mother's Birthplace <i>Del</i>			
Name of person giving information <i>Wm E. Abell</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

179

Primary	<i>Spontaneous</i>	How long	<i>4 months</i>
Immediate	<i>Same</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. R. Fisher</i>	
		Address <i>Denton</i>	
Accident or Suicide? <i>No</i>		<i>MD</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Lettie Biddle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

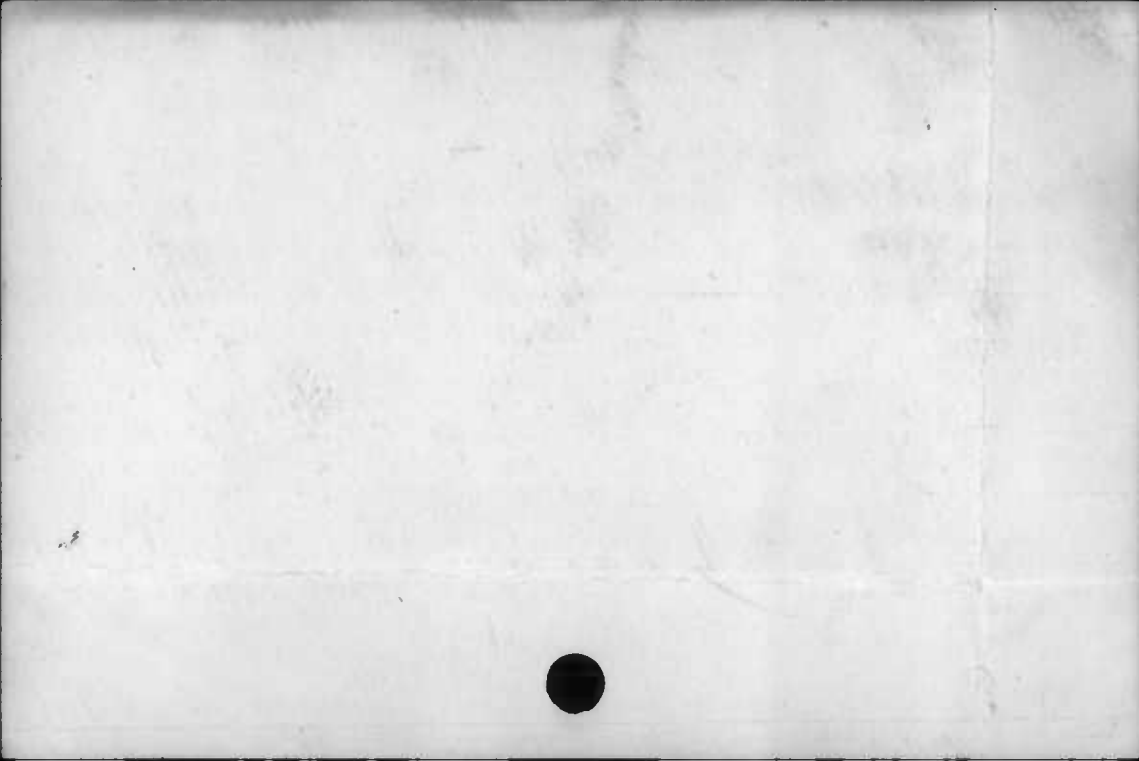
Died at <u>Goldston</u> Town		<u>Caroline</u> County		MARYLAND							
Date of death	1908	Month	Oct	Day	3rd	Age	3	Months	1	Days	
Sex	<u>Female</u>		Color or Race	<u>White</u>		Birthplace	<u>Delaware</u>				
Occupation	<u>X</u>					Where Residing if not at place of death	<u>X</u>				
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband <u>X</u>								
Father's Name	<u>Thomas Biddle</u>						Father's Birthplace	<u>Delaware</u>			
Mother's Maiden Name	<u>Elva Galt</u>						Mother's Birthplace	<u>Del</u>			
Name of person giving information	<u>Thomas Biddle</u>						How related to deceased	<u>Harbin</u>			

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary	<u>Epilepsy</u>	How long	<u>13 years</u>
Immediate	<u>Fits</u>	How long	<u>1 1/2</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W. L. Cooper Acting Coroner</u>	
<u>yes</u>		Address <u>Goldston Md</u>	
Accident or Suicide?			



Name

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Full

Earl B. Church.

CERTIFICATE OF DEATH

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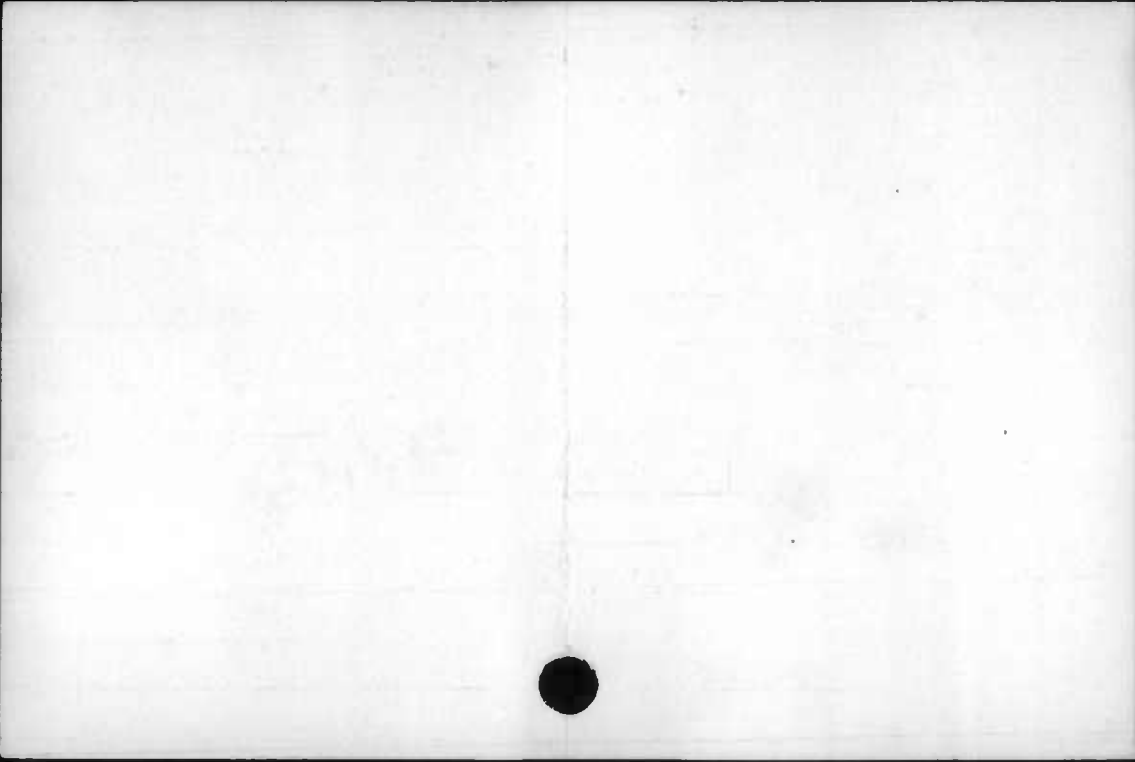
Died at <i>Federalburg,</i>		County <i>Caroline</i>		MARYLAND	
Date of death	190 <i>8</i>	Month <i>10</i>	Day <i>31</i>	Age <i>33</i>	Months <i>8</i> Days <i>21</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>New England State</i>		
Occupation <i>Church Clerk Parker</i>	Where Residing if not at place of death <i>C. alone</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>Wesley Church</i>	Father's Birthplace <i>Mass.</i>				
Mother's Maiden Name <i>Mary E. Burton</i>	Mother's Birthplace <i>New York</i>				
Name of person giving information <i>Geo. F. Garrison</i>	How related to deceased <i>-</i>				

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary <i>Typhoid</i>	How long <i>2 weeks</i>
Immediate <i>Coma - Heart Failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. F. Garrison</i>
	Address <i>Federalburg Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

C. Frank 6 calling Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 71 ^{Town} Preston ^{County} Kerralline		MARYLAND	
Date of death 1908 ^{Month} Oct ^{Day} 29 ^{Age} 5 ^{Years} — ^{Months} — ^{Days} 5			
Sex Male	Color or Race White	Birth-place MD	
Occupation None	Where Residing if not at place of death Not Preston		
Married, Single or Widowed Single	Name of Wife or Husband None		
Father's Name C. Frank Calling	Father's Birthplace MD		
Mother's Maiden Name Mallie Engel	Mother's Birthplace MD		
Name of person giving information C. J. Callins	How related to deceased Sister		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Unborn	How long	5 days
Immediate	Unborn	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Raymond Dawnes		
	Address Preston		
Accident or Suicide?			



Name
in
Full

Helen H. E. Fairrell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Ridgely</i>		Town <i>Ridgely</i>		County <i>Caroline</i>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Oct</i>	Day	<i>15</i>	Age	<i>1</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Delaware</i>		Months <i>11</i> Days <i>25</i>	
Occupation <i>—</i>				Where Residing if not at place of death			
Married Single <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Joshua J. Fairrell</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Annie E. Vachell</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Joshua</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

How long

How long

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

at W. W. Seward
Oct 75 - 15

Name
in
Full

CERTIFICATE OF DEATH

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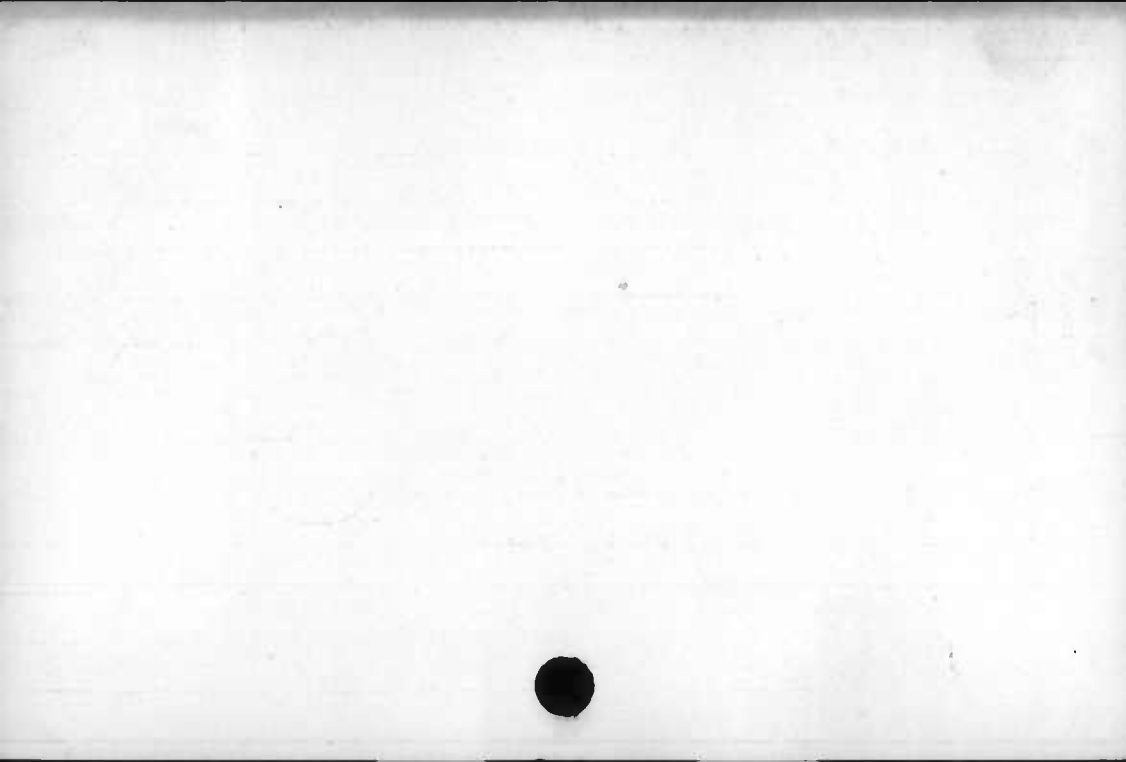
Died at		Town		County		State	
Thomaston		Caroline		Maryland			
Date of death	1908	Month	Oct	Day	5	Age	1
Sex	Female	Color or Race	Black	Birth-place	Caroline Co	Months	9
Occupation	Child	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Hermon Rimes	Father's Birthplace		Md.			
Mother's Maiden Name	Daisy Flame	Mother's Birthplace		Md.			
Name of person giving information	Daisy Flame	How related to deceased		Mother			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Cerebral Effusion	How long	3 weeks
Immediate	Cerebral Effusion	How long	1 day
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. N. B. Brown
		Address	Fillmore, Md.
Accident or Suicide?	No		



Name
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Verna Johnson

CERTIFICATE OF DEATH

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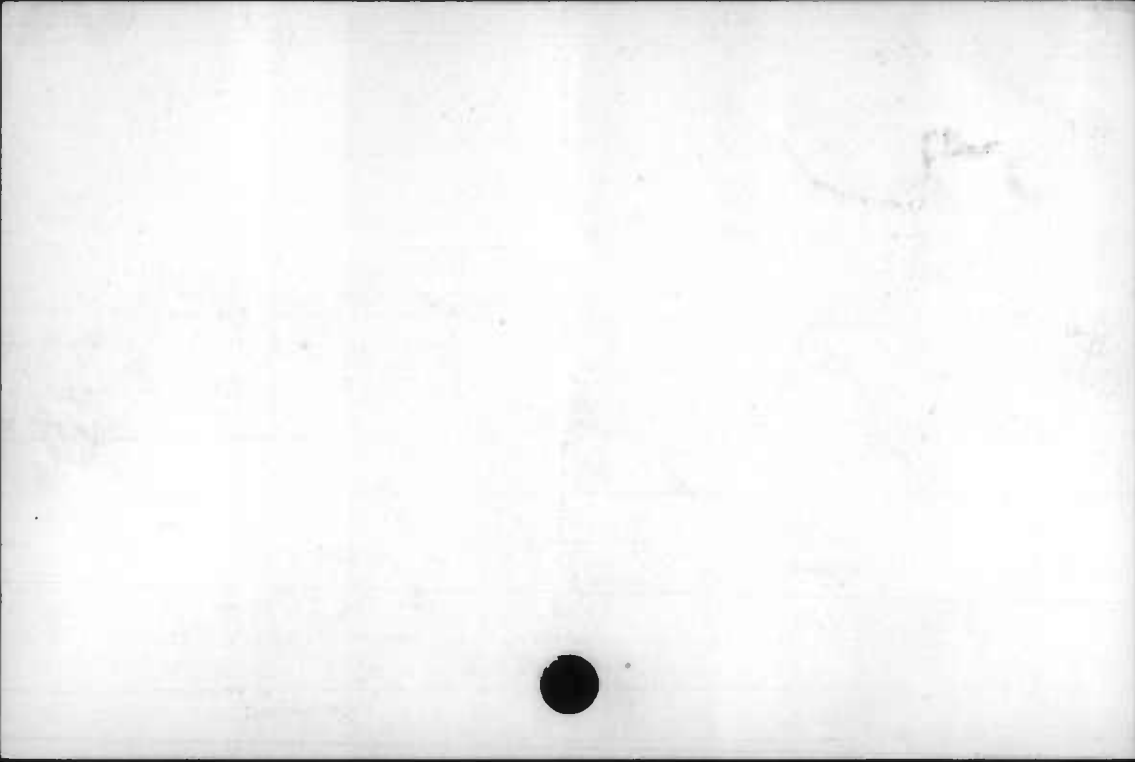
Died at <i>Freshburg</i>		Town <i>Caroline</i>		County		MARYLAND	
Date of death	1908	Month	10	Day	17	Age	2
Sex	Female	Color or Race	Black	Birth-place	As above	Months	9
Occupation	Infant	Where Residing if not at place of death	As above				
Married, Single or Widowed	-	Name of Wife or Husband	-				
Father's Name	John Johnson	Father's Birthplace	Caroline Co.				
Mother's Maiden Name	Mary J. Johnson	Mother's Birthplace	Caroline Co.				
Name of person giving information	Geo. F. Gaskinway	How related to deceased	-				

CAUSES OF DEATH

(95)

PHYSICIAN
OR CORONER

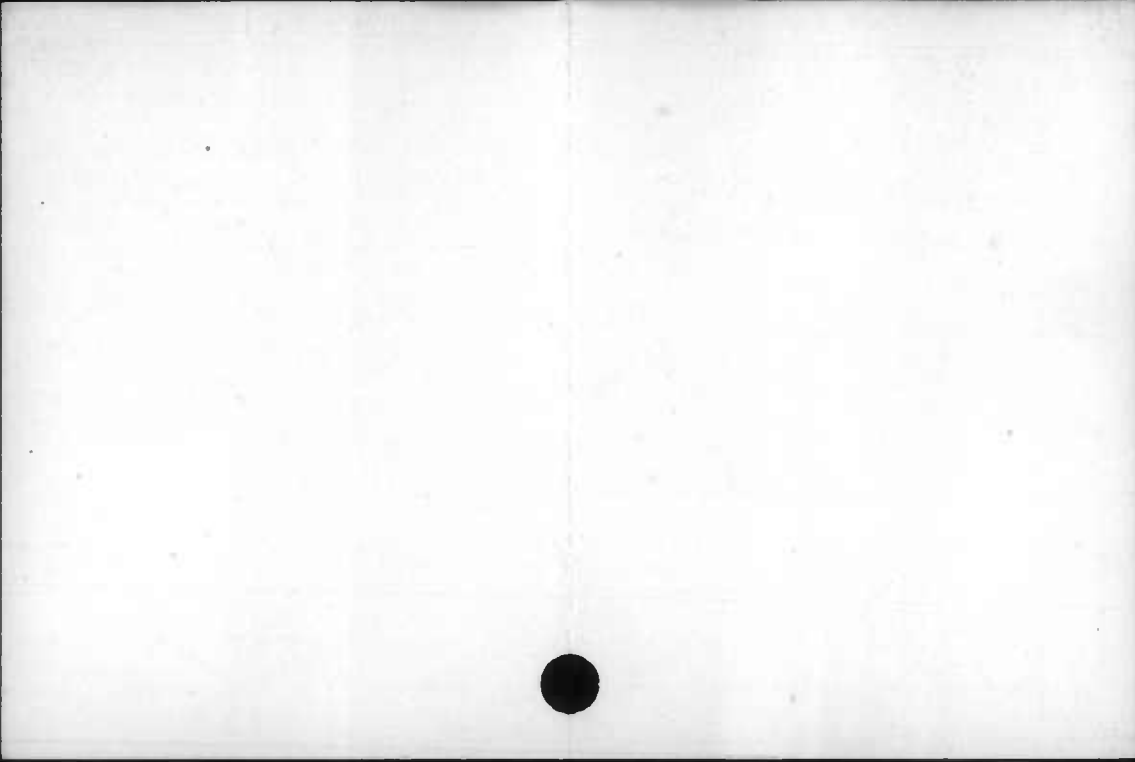
Primary	Oedema Lungs	How long	5 days
Immediate	Constrictive band	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo F Gaskinway
		Address	Freshburg
Accident or Suicide?	-		



Name in Full <i>Geo W Jones</i>		CERTIFICATE OF DEATH	
Died at <i>Federalburg</i> <small>Town</small>		<i>Caroline</i> <small>County</small>	
Date of death <i>1908 Oct 7</i>		MARYLAND	
Sex <i>male</i>		Color or Race <i>black</i>	
Occupation <i>none</i>		Birth-place <i>md</i>	
Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband	
Father's Name <i>Joseph Jones</i>		Father's Birthplace <i>Del</i>	
Mother's Maiden Name <i>Mary Morris</i>		Mother's Birthplace <i>md</i>	
Name of person giving information <i>Mary Morris</i>		How related to deceased <i>Mother</i>	
CAUSES OF DEATH		176	
Primary <i>Overlaid in sleep</i>		How long <i>sudden</i>	
Immediate <i>smothered</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>B Kemp Jefferson</i>	
		Address <i>Federalburg md</i>	
Accident or Suicide? <i>Accident</i>			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
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Christa Krumm

Died at *near Denton* Town*Carver* County

MARYLAND

Date
of death *1908*Month
*Oct*Day
*11*Age
13 YearsMonths
*—*Days
*—*Sex
*Female*Color or
Race
*Black*Birth-
place
*Ms*Occupation
*None*Where Residing if not
at place of death
*Same*Married, Single
or Widowed
*Single*Name of Wife or
Husband
*—*Father's
Name
*Thomas H Krumm*Father's
Birthplace
*Ms*Mother's
Maiden Name
*Beall Thomas*Mother's
Birthplace
*Ms*Name of person giving
In formation
*Thomas H. Krumm*How related
to deceased
Father

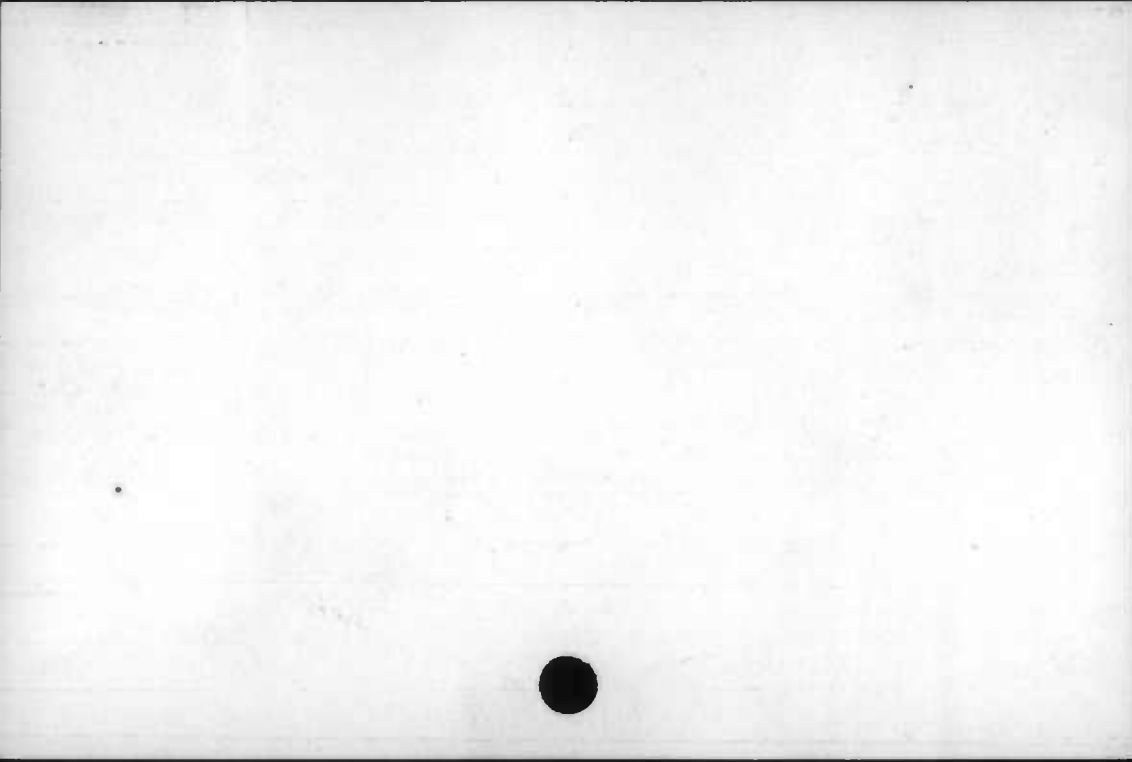
CAUSES OF DEATH

①

Primary
*Typhoid Fever*How long
*3 weeks*Immediate
Same

How long

Are the name, age, sex, color, date
and place correctly given above?
*Yes*Signature of
Physician
*P. R. F. F. F.*Address
*Denton*Accident or Suicide?
*—**Ms*



Name
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Full

CERTIFICATE OF DEATH

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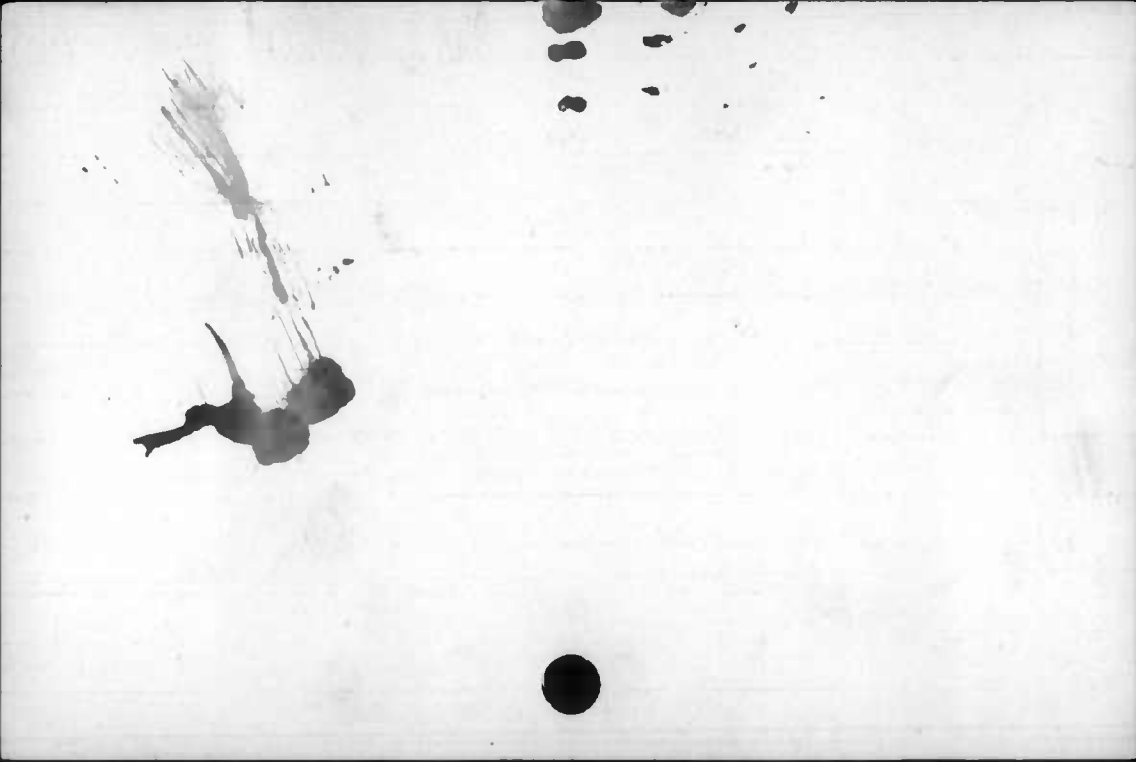
Died at <i>Denton</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death	1908	Month	10	Day	3
Age	44	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Ind.
Occupation	Farmer		Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed	Married	Name of Wife or Husband <i>Jennie Lester</i>			
Father's Name	<i>James Lester</i>			Father's Birthplace	Ind.
Mother's Maiden Name	<i>Mary Carver</i>			Mother's Birthplace	Ind.
Name of person giving information	<i>Arthur Kelley</i>			How related to deceased	Nephew

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>2 years</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>R. P. Fisher</i>
		Address	<i>Denton</i>
Accident or Suicide?	<i>No</i>		<i>MT</i>



Name
in
Full

Baby. Montgomery.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Denton* Town*Caroline* CountyDate
of death *1908*Month *Oct*Day *16*

Age

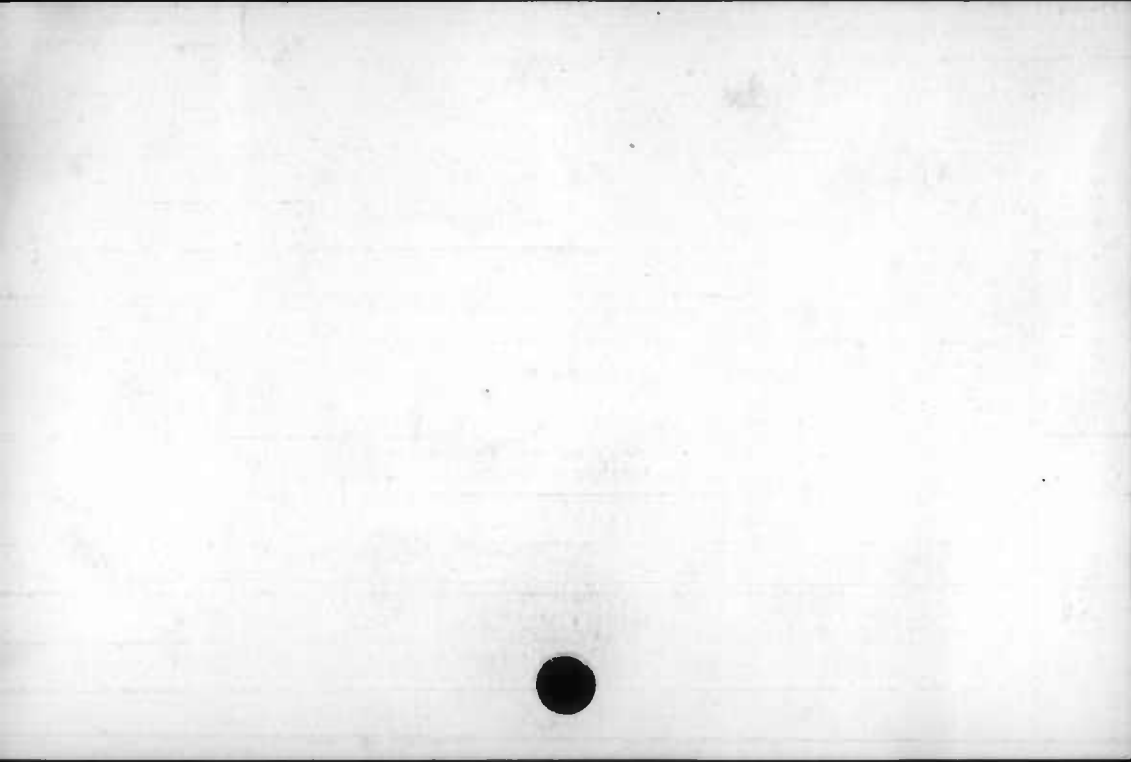
Years *-*Months *2*Days *-*Sex *Female*Color or
Race *White*Birth-
place *Denton*Occupation *-*Where Residing if not
at place of death *-*Married, Single
or Widowed *Single*Name of Wife or
Husband *-*Father's
Name *Dr. J. J. Jones*Father's
Birthplace *-*Mother's
Maiden Name *Flavia Montgomery*Mother's
Birthplace *Caroline Co*Name of person giving
In formation *E. M. Gandy*How related
to deceased *none*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONERPrimary *Montumia*How long *2 months*Immediate *Exhaustion*How long *1 month*Are the name, age, sex, color, date
and place correctly given above? *ya*Signature of
Physician *J. M. Smith*Address *Denton, Md*

Accident or Suicide?



Name
in
Full

William Malone Outten

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Burnsville</u> <small>Town</small>		<u>Caroline Co</u> <small>County</small>		MARYLAND	
Date of death 190 <u>8</u> <small>Month</small>		<u>31</u> <small>Day</small>		<u>41</u> <small>Years</small>	
<u>8</u> <small>Month</small>		<u>28</u> <small>Days</small>		<u>8</u> <small>Months</small>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Vernon Del.</u>	
Occupation <u>Black Smith</u>		Where Residing if not at place of death <u>Burnsville Md.</u>			
Married, <u>Single</u> or Widowed		Name of Wife or <u>Husband</u> <u>Maryann Virginia Outten</u>			
Father's Name <u>Chas Outten</u>		Father's Birthplace <u>Delaware</u>			
Mother's Maiden Name <u>Harriett Wright</u>		Mother's Birthplace <u>Delaware</u>			
Name of person giving Information <u>Wm Wm Outten</u>		How related to deceased <u>Wife</u>			

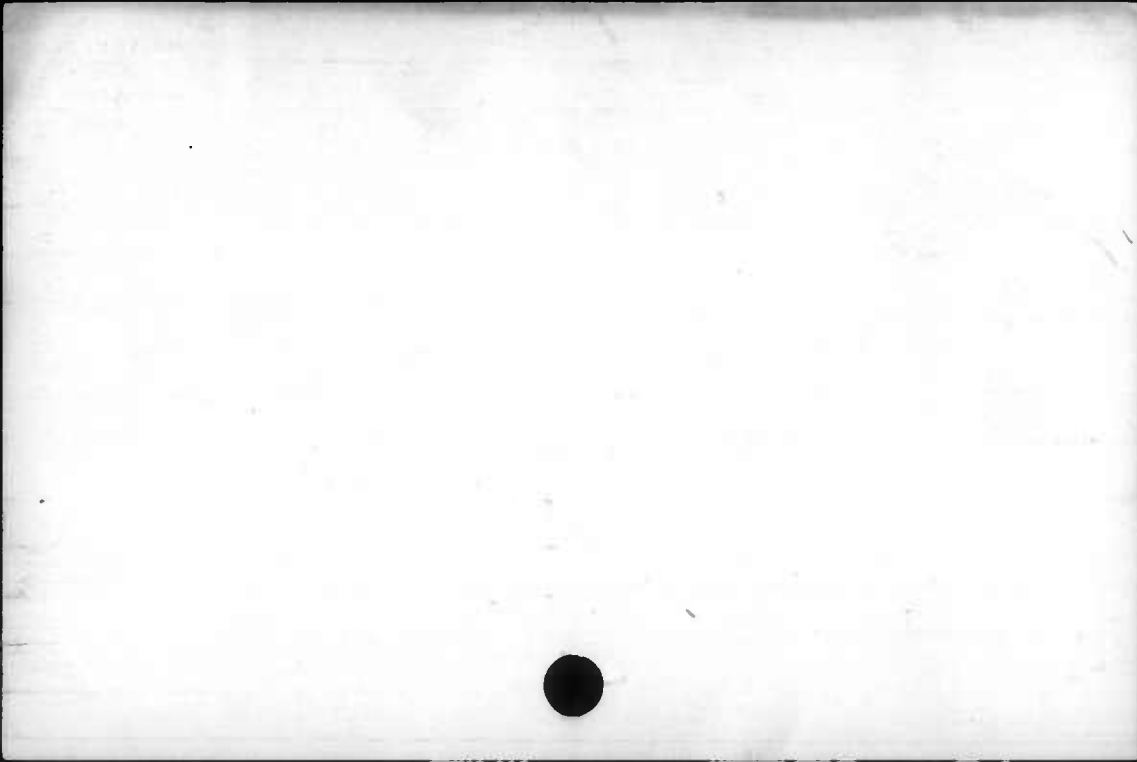
CAUSES OF DEATH

44

5 yrs

PHYSICIAN
OR CORONER

Primary <u>Cancer of the face</u>	How long <u>5 yrs</u>
Immediate <u>Exhaustion</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo W. Long</u>
	Address <u>Burnsville Md.</u>
Accident or Suicide <u>-</u>	<u>Wm</u>

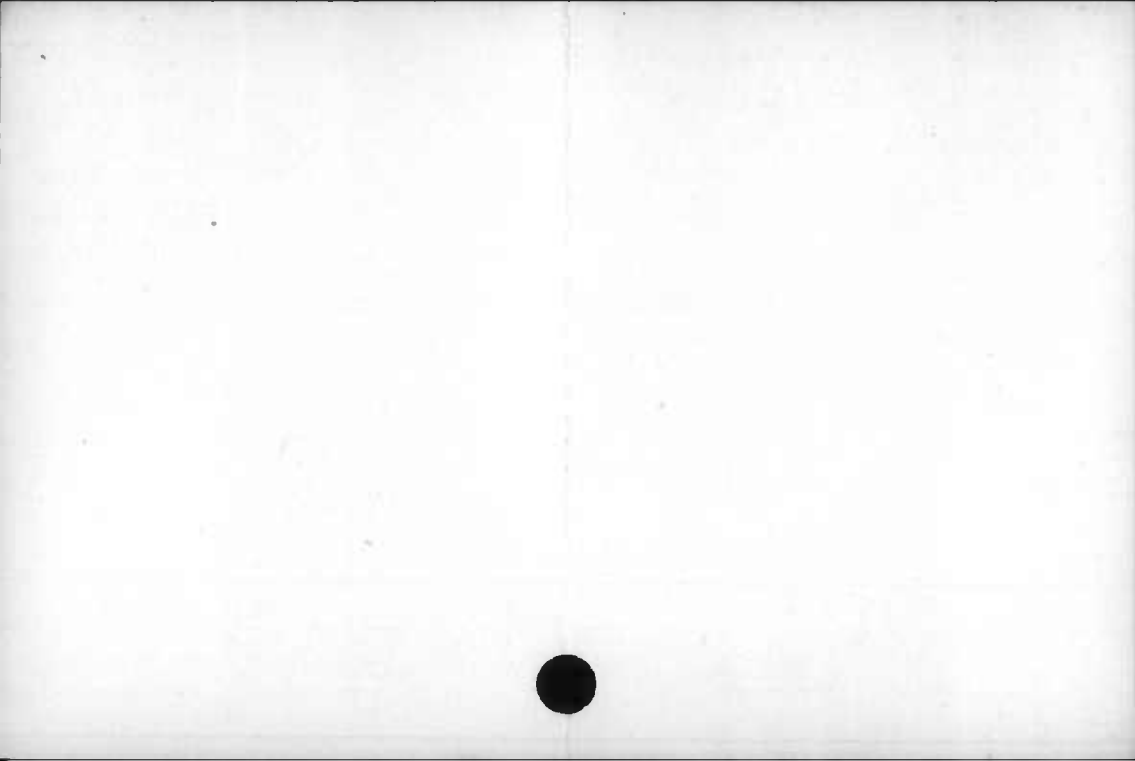


Name in Full Joseph E Prattis		CERTIFICATE OF DEATH	
Died at Federalburg		County Caroline	
Date of death 1908 Oct 10		Age 36	
Sex male		Color or Race black	
Occupation laborer		Where Residing if not at place of death	
Married, Single or Widowed single		Name of Wife or Husband	
Father's Name Stark Prattis		Father's Birthplace md	
Mother's Maiden Name Hester A Prattis		Mother's Birthplace md	
Name of person giving information Sol Prattis		How related to deceased brother	
CAUSES OF DEATH			
Primary Phthisis		How long 2 years	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician B Kemp Jefferson	
		Address Federalburg md	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

27



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

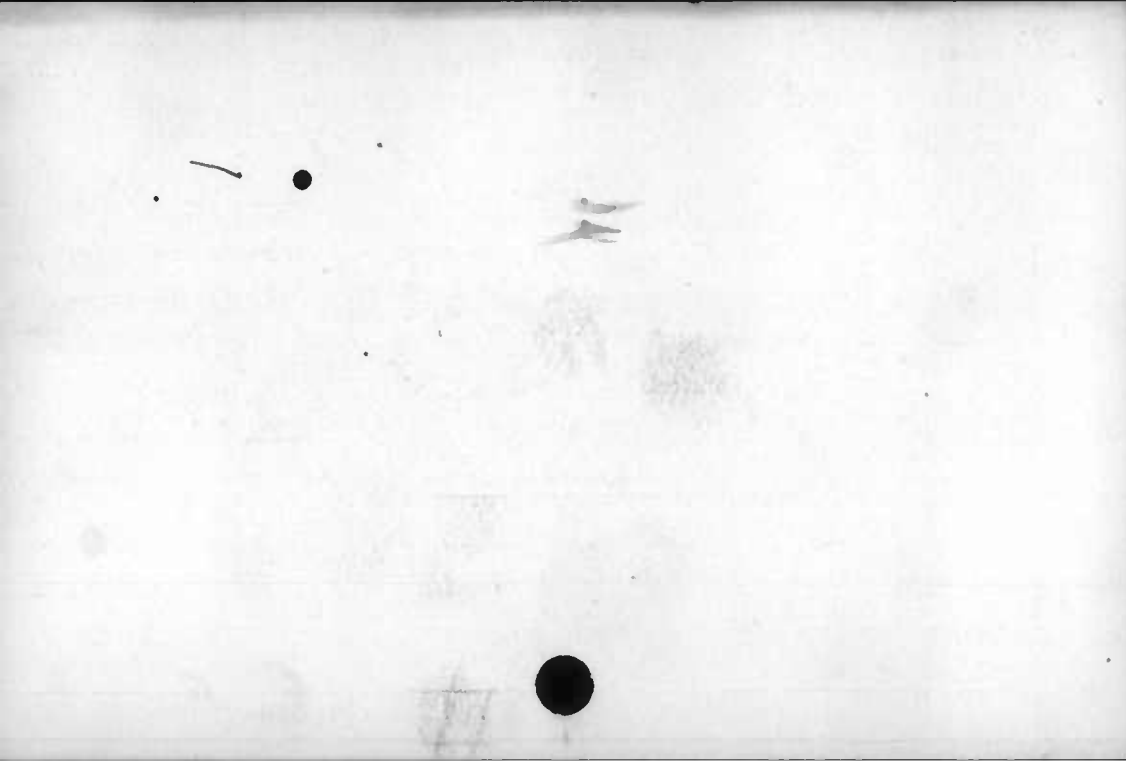
Name in Full <i>Arrina M. Smith</i>		Town <i>Ridgely</i>		County <i>Caroline</i>		MARYLAND					
Died at		Date of death 190 <i>10</i>		Day <i>25</i>		Age <i>61</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>Maryland</i>							
Occupation <i>Housewife</i>		Where Residing if not at place of death									
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Perry E Smith</i>									
Father's Name <i>Harrison Thomas</i>		Father's Birthplace <i>Maryland</i>									
Mother's Maiden Name <i>Arianna Thomas</i>		Mother's Birthplace <i>Maryland</i>									
Name of person giving information <i>John Adams</i>		How related to deceased <i>Friend</i>									

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary <i>paralysis</i>		How long <i>3 yrs.</i>	
Immediate <i>exhaustion</i>		How long <i>1 week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Henry Hickman Coroner</i>	
		Address <i>Ridgely Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *near Bethlehem* *Stanford* County *Barren* **MARYLAND**

Date of death 190 *8* Month *10* Day *30* Age *3* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *near Bethlehem*

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

179

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
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CERTIFICATE OF DEATH

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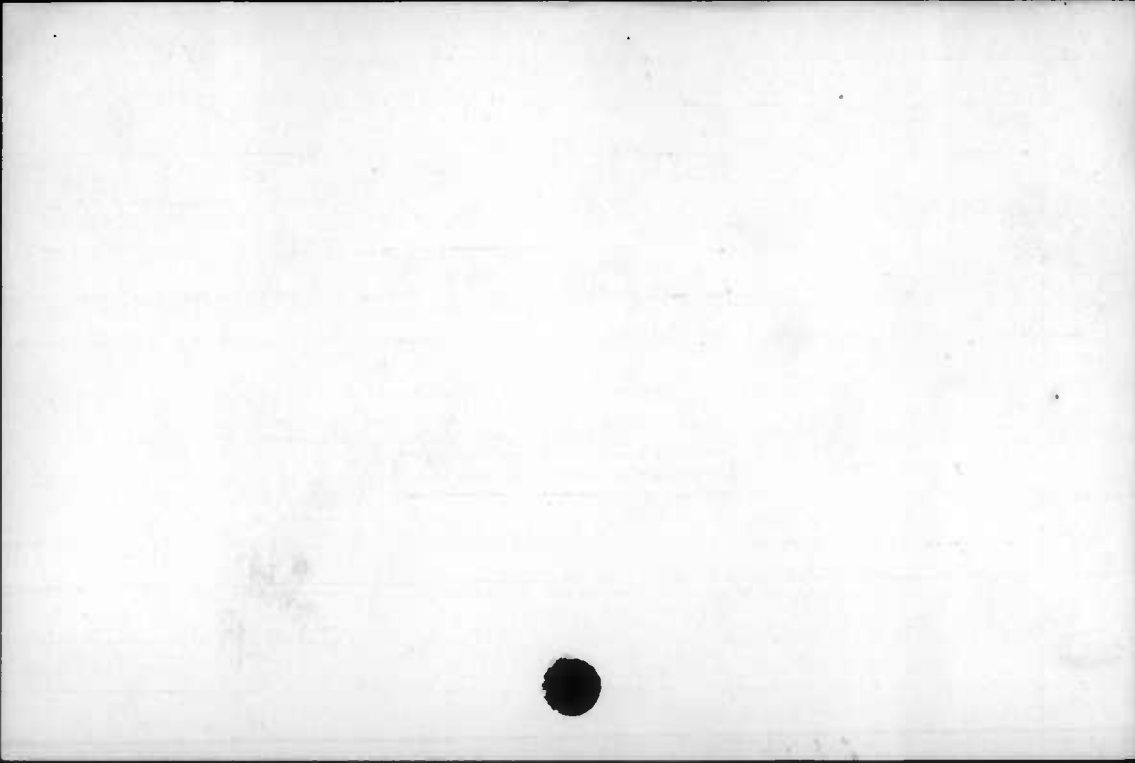
Died at <i>Maryland</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death	1908	Month	Oct.	Day	30
Sex	Female	Color or Race	White	Birth-place	Dela
Occupation	Housewife		Where residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Married		David Taylor			
Father's Name		John Kemp		Father's Birthplace	
				Dela	
Mother's Maiden Name		Susan Kilham		Mother's Birthplace	
				Dela	
Name of person giving information		David Taylor		How related to deceased	
				Husband	

CAUSES OF DEATH

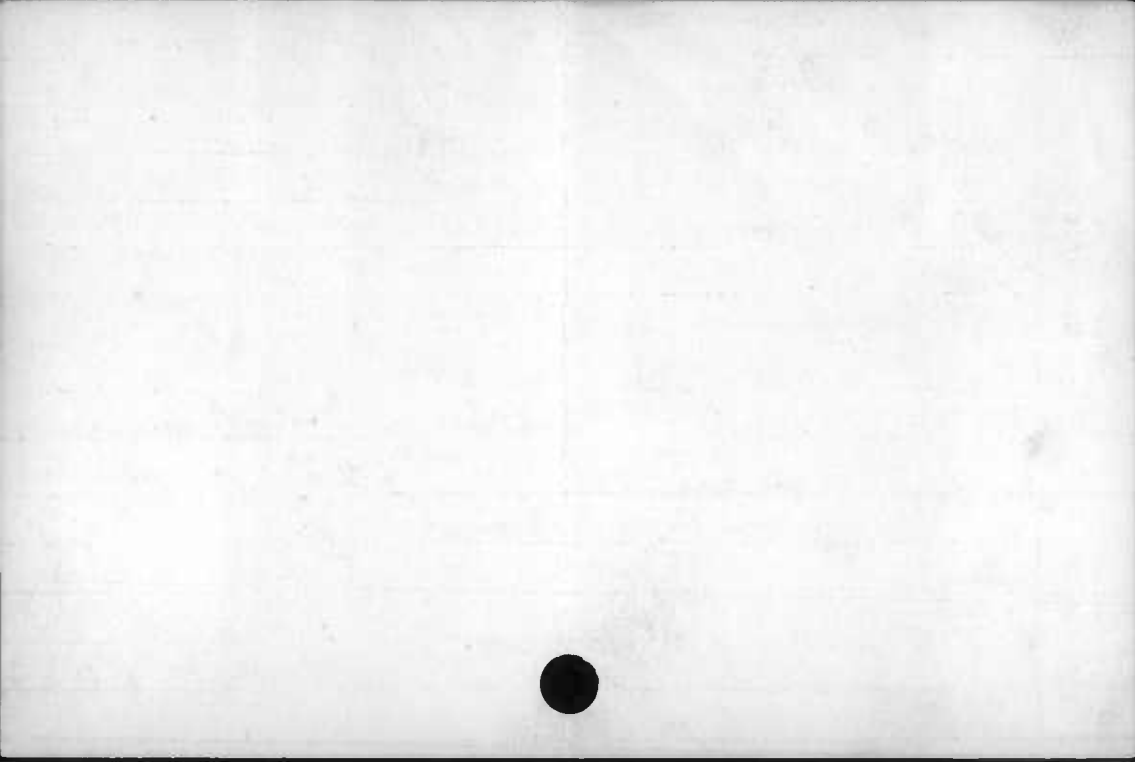
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PHYSICIAN
OR CORONER

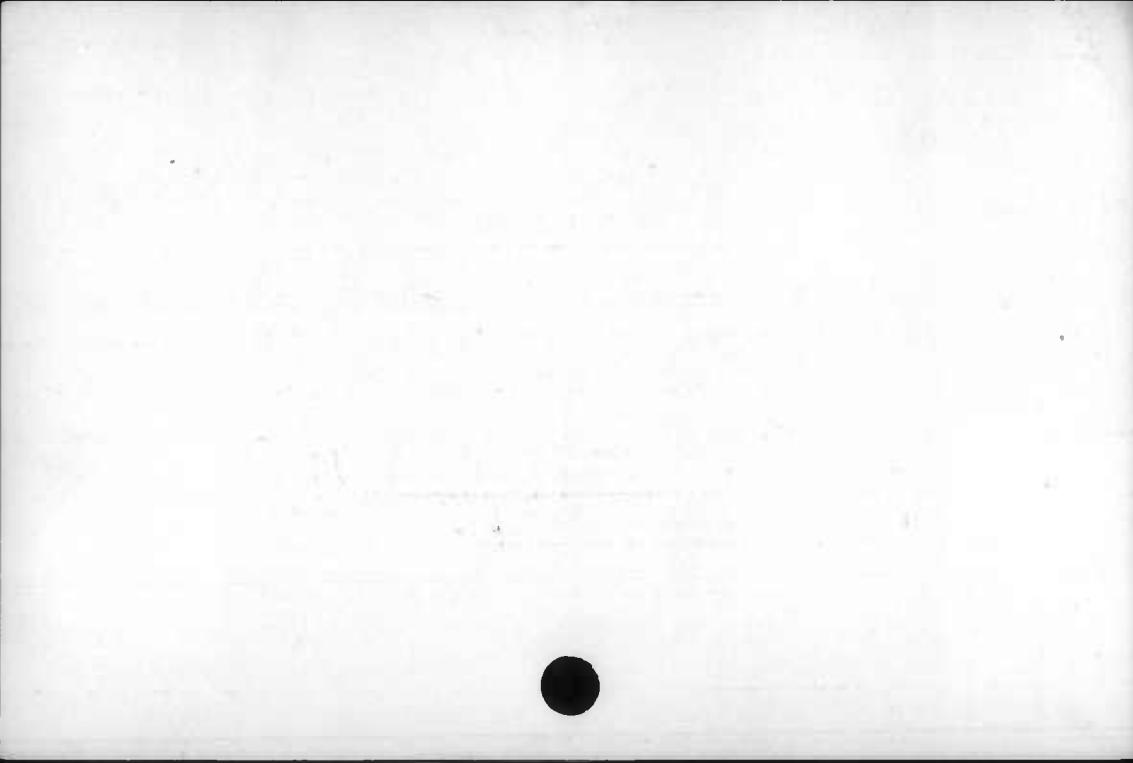
Primary	Pulmonary Tuberculosis	How long	9 months
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		H. E. Cray	
Address		Maryland	
Accident or Suicide?			



Name in Full		Mary Thompson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Near American Corner		County Caroline		MARYLAND
	Date of death	1908	Month Oct	Day 2	Age 8	Years	Months Days
	Sex	Female		Color or Race	Black		Birth-place Near American Corner
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name			Alex. Thompson.		Father's Birthplace Maryland.	
	Mother's Maiden Name			Mary Brown.		Mother's Birthplace N. Carolina	
Name of person giving information			Alex. Thompson		How related to deceased Father.		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Phthisis Pulmonalis				2. weeks.		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?				Yes.		
	Signature of Physician				F. J. Brooks.		
				Address			
				Federalburg			
				Md.			
Accident or Suicide?							



Name in Full		John Walker (Baby)				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Hillsboro		County		MARYLAND	
	Date of death	1908	Oct	13	Age	Years	Months
	Sex	male	Color or Race	black	Birth-place	md	
	Occupation	Infant		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	John Walker			Father's Birthplace	Pa	
	Mother's Maiden Name	Sarah G. Ho			Mother's Birthplace	md	
Name of person giving information	John G. Ho			How related to deceased	Grand-father		
<div style="display: flex; justify-content: space-between;"> <div>CAUSES OF DEATH</div> <div>179</div> </div>							
PHYSICIAN OR CORONER	Primary	Unknown Natural				How long	
	Immediate	Cause no				How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician		J. H. B. Rowe	
	Address	Hillsboro		md			
Accident or Suicide?	No						



Name
in
Full

Eda C Waters

CERTIFICATE OF DEATH

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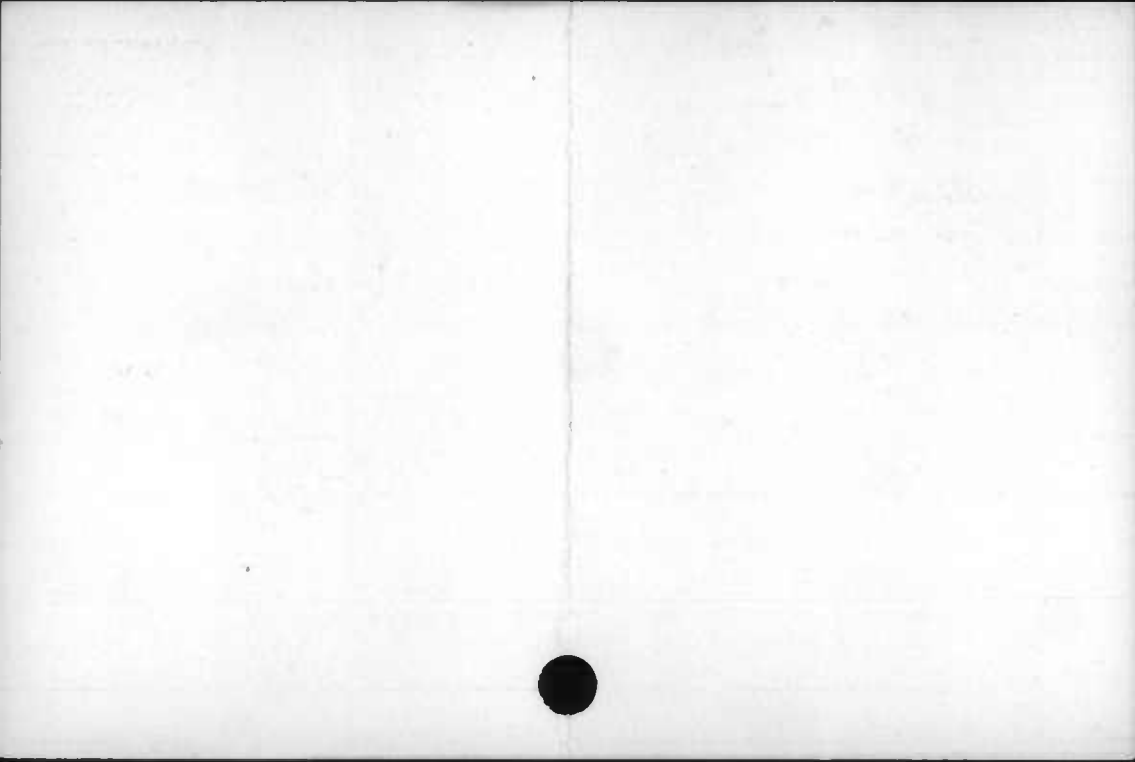
Died at		Federalsburg		County		Caroline		MARYLAND	
Date of death	1908	Month	Oct	Day	17	Age	30	Months	
Sex	female		Color or Race	black		Birth-place	md		
Occupation	house wife		Where Residing if not at place of death						
Married, Single or Widowed	married		Name of Wife or Husband	Robert Waters					
Father's Name	Geo W Cannon		Father's Birthplace	md					
Mother's Maiden Name	Lovey A Nichols		Mother's Birthplace	md					
Name of person giving information	Bayard Cannon		How related to deceased	brother					

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary	Cancer breast		How long	2 years	
Immediate			How long		
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician		
			Address		
			Federalsburg		
			md		
Accident or Suicide?					



Name
in
Full

James Wilmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Denton</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Oct</i>	Day	<i>16</i>
Age		<i>40</i>	Years	Months	<i>—</i>
Sex	<i>male</i>	Color or Race	<i>Black</i>	Birth-place	<i>md</i>
Occupation	<i>Laborman</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Annie Helmer</i>		
Father's Name	<i>Robt. Helmer</i>			Father's Birthplace	<i>md</i>
Mother's Maiden Name	<i>Charlotte Lee</i>			Mother's Birthplace	<i>md</i>
Name of person giving information	<i>William Helmer</i>			How related to deceased	<i>Brother</i>

CAUSES OF DEATH

How long *6 weeks*

How long *sudden*

PHYSICIAN
OR CORONER

Primary	<i>Dysphasia feris</i>	How long	<i>6 weeks</i>
Immediate	<i>Heart Failure</i>	How long	<i>sudden</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>F. W. Nichols</i>	
Address		<i>Denton Md</i>	
Accident or Suicide?			

